ORAL ENDOTRACHEAL INTUBATION - ADULT

AUTHORITY

Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code.

Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Non-responsive and apneic patients.

2. Agonal or failing respirations with no gag reflex present.

3. Prolonged ventilation is required and adequate ventilation cannot otherwise be achieved.

Procedure may **initially** be contraindicated with suspected ALOC per Protocol Reference #11080, Altered Level of Consciousness/Seizures.

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization as needed to prevent lateral movement of the head.

2. Immediately prior to intubation, consider prophylactic Lidocaine 1.5mg/kg IV for suspected head/brain injury.

3. Select appropriate cuffed tube and pre-oxygenate. Cricoid pressure should be applied during intubation to protect against regurgitation of gastric contents.

    a. Visualize the epiglottis and vocal cords with the laryngoscope. Insert the endotracheal tube until the entire balloon is 2cm past the vocal cords. Placement efforts must stop after twenty (20) seconds for ventilation.

    b. Inflate the balloon with air to the point where no air leak can be heard; listen to breath sounds and resume ventilation with 100% oxygen. Secure the endotracheal tube.

c. Monitor end-tidal CO_2 with capnography when available and monitor pulse oximetry and suction the trachea when necessary.

d. Document methods of verifying tube placement, (auscultation, visualization, capnography when available)

4. If unable to place ET after a maximum of three (3) intubation attempts (an attempt is considered made when tube passes the gum line), and if all procedures to establish an adequate airway fail, consider needle cricothyrotomy per protocol Reference #10070, Needle Cricothyrotomy.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.